

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **SARAI RAY MARTIN**

Name

(2) **4351 NW 12 CT**

Address (number and street)

LAUDERHILL, FL 33313

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: **LAUDERHILL COMMISSIONER SEAT 4**

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY

RECEIVED

MAY 11 2017

CITY CLERK'S OFFICE

(5) Report Identifiers

Cover Period: From **04 / 01 / 2017** To **04 / 30 / 2017** Report Type: **M4**

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , **275 . 00**

Loans \$ _____ , _____ , **0 . _____**

Total Monetary \$ _____ , _____ , **0 . _____**

In-Kind \$ _____ , _____ , **0 . _____**

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , **0 . _____**

Transfers to Office Account \$ _____ , _____ , **0 . _____**

Total Monetary \$ _____ , _____ , **0 . _____**

(8) Other Distributions

\$ _____ , _____ , **0 . _____**

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , **275 . 00**

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , **0 . _____**

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) **SARAI MARTIN**

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

DocuSigned by:

sarai martin

X

Signature

(Type name) **SARAI MARTIN**

☒ Candidate ☐ Chairperson (only for PC and PTY)

DocuSigned by:

sarai martin

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SARAI MARTIN
(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2017 through 04 / 30 / 2017
(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
04 20 17 / /	SARAI MARTIN 4351 NW 13TH CT LAUDERHILL, FL 33313	I	RET	LOA			250.00
1							
04 24 17 / /	SARAI MARTIN 4351 NW 13TH CT LAUDERHILL, FL 33313	I	RET	LOA			25.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SARAI RAY MARTIN

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 2017 through 04 / 30 / 2017

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
// /	NONE				
// /					
// /					
// /					
// /					
// /					
// /					